To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Varihella D'Acquisho	Manula Acousto	Street: 633 Langain St. Apt + 120 City: Mad 800 , Zin 7511	Town Village W WWWLEE	(Month) (Day) (Year)
Christopher Osowski	Christation Bondin	Street: 1000 Edgewood College Dr City: Magazan Madisonin: 53711	Town Village (Madison	(Month) (Day) (Year)
Katherine Plikuhn	Ktoll-	street: 4310 Lumley Rd, Apt 1 City: Madison zip: 53711	Town Village Madison	/17/20 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
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PANOLE CANISON (Name of Circu		of Circulator	earl RTCABO	SACo Municipality)

(Signature of Circulator)

(Day)

(Year)

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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John J. M. Sherry	Jegonis &	City: Ridalway zip: Wi	ZTown Village City Ridgeway	// // 2011 (Month) (Day) (Year)
" Katja Seitz	High I Ling	Street: 1000 Edgewood College Dr. City: Meldi Son WI zip: 53711	Town Village Ocity MAN 500	1\ /(7/201\ (Month) (Day) (Year)
. Corinna Greenwood	S. S.L	street: 934 Mayfair Ave City: Madisan Wi zip: 53714	Town Village MadiSON	(Month) (Day) (Year)
· Vanel Obene	Janel Oren	street: 1513 Aldora Ct. City: Waunakee WIzip: 53597	Town Sivillage City	// // 20 <u>/1</u> (Month) (Day) (Year)
oregory Brackinridas	Gregoy Brackindy	city: Madison zip: 53711	Town Village Kity Madison	// //7/20
V	, 0	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
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1 1 6	Certification o		no C 1	
SSAKA L ANNIVE (Name of Circulanally circulated this recall petition and personally obtaer with full knowledge of its content on the date indic	ulator) stained each of the signatures on this paper. I know that the	tify): I reside at 1000 EAGMOND COULDED INV (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifyi	nd Number) (Circulator M. ne officeholder named in this petition. I know th	Municipality)

(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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OLIN REGAN	Californ	Street: 308 N. BLOUNT ST APT, 1. City: MADISON Zip: 53703	Town Village MAD(50P)	(Month) (Day) (Year)
David Dottl	Dald	Street: 5211 Brody dr. #102 City: Madison , zip: 53705	Town Village Madison	(Month) (Day) (Year)
arih Lankowski	Sual fruherich	Street: / Sy LAKIDAN CAKLUSA City: / MICHEN IN Zip: 5 37754	Town Village WILLS	// /20 <u>11</u> (Month) (Day) (Year)
laime Faus	JaineJaus	street: 5 High Point Woods Drzol City: Madison zap. 53719	Town Willage Madis M	11 /16/2011 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
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·.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
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lary Manl	Certification			

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator) (Month) (Day) (Year)

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Julie Amakobe	Julie amabele	city: Madison, WI zip: 53719	Urillage Machison	//////20 <u>//</u> (Month) (Day) (Year)
Melissatischens	Missen Eschers	street: 1118 Ann St #8 City: W.C.C. USON Zip: 184531	Unillage Madison	11 /16/2011 (Month) (Day) (Year)
Stephen Huebner	Style a Klube	Street: 2244 Citole Rivine DI- City: Delotteld WI zip: 53018	Ocity Defatish	(Month) (Day) (Year)
DARLEEN DANKERT	Dorleen Dunkeit	Street: 938 O'SHERTDAN ST City: MADISON WI Zip: 53715	Town Village Village	// // /20/1 (Month) (Day) (Year)
Doud L DELL	David & Doll	Street: 4811 LOOK OUT TR City: >77 FARLAND ZID: 53558	O'Town Village City Dunn	//////////////////////////////////////
Katrina Bard	Katrina Bond	city: Stoughton zip: 53589	Town Village Stoughton	(Month) (Day) (Year)
TAD DRAIN	2 SE	city: Rrod hard zip. 53520	Unillage AVOW	(Month) (Day) (Year)
Greg Polzin	Meg Rin	city: Madisen zip: WI	Dyillage Ma alson	(Moath) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	□ Town □ Village □ City	(Month) (Day) (Year)
Duincy Ner	Certification	of Circulator if(y): I reside at 809 N. THOMPS	00 De 102 1	1agison

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Month) (Day) (Year)

(Month)

(Year)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAIL	Constitution and S.9.10 of the Wisconsin Stating Purposes, when different than municipality	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Steve Robinson	5. J. Pobinson	Street: 939 Lorera Parkway City: Mad 190 Zip: 537/3	Town Village City Wall 50	// // 20// (Month) (Day) (Year)
Susan Rodin	Susan Rodin	street: 610 Park Ave	Town Village De Torest	///6/2011 (Month) (Day) (Year)
Thomas Drew	5 Thomas Oliva	Street: 111N, ROOSe Ve 16DF. City: Bervier Dum, w. I. zip: 53916	Town Village Beaver Dan	Month) (Day) (Year)
JEFF NIESEN	MN-	Street: 7850 EAST OAKBROOK CIECK	Drown Uvillage Macity ADISON	11/16/2011 (Month) (Day) (Year)
KEVIN WKGGONER	The Meegon	Street: N9686 ARGUE RO City: NEW GWARUS, Zip: 53574	Nown No control No contr	// //6 /20 [/ (Month) (Day) (Year)
· Cedarose Keeley	arland teches	Street: 1714 Madison Boird St City: Wadison zip: 53713	Town Village Madison	// //6/20
TERESA VARESE		Street: 1001 Magnolia Ln ChyMadison Wi zip. 53713	Town Village Madison	// // /2011 (Month) (Day) (Year)
8. Tom Drope -	Town In	city: Merchison Wy zip: 53713	Town Divillage City Mechan	// // /20 <u>//</u> (Month) (Day) (Year)
Ponald V Martisai	I Sould V W Juston	Street: 2845 Piva Ridge City: Cottage Grand Zip: WE	City Cottaggrove	///// 20_11 (Month) (Day) (Year)
Losly Hnderson	Huy Anderson	street: 1609 Moline St City: Stougnton zip:53589	Town Village Strughton	11 /16/2011 (Month) (Day) (Year)
Quincy Nes	, (cert	of Circulator SCA NAWY ify): I reside at (Circulator's Residence - Street name an	50N Dr. 102	Madiso

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1. Dana Les Monde	Dr	Street: 2917 Curry Pkwy#1 City: Madison zip: 53713	Town Village MADISON	///レ/20_1 (Month) (Day) (Year)	Email
Weder Jennings	Western Germings	City: FALL RIVET WE Zip: 53932	Drown City FAURINGY	//////////////////////////////////////	Email Phone
Judith Clark	with Clark	street: 8467 Arbon Trace Dr City: Vinona Wizip: 53573	Town City Springfale	// //6/20 <u>//</u> (Month) (Day) (Year)	Email Phone
Archic Leader	Hest	Street: 7237 Temps 21 #99 City: Madi Son W1 zip: 53719	Town Willage Madison	//6/20// (Month) (Day) (Year)	Email
Ja Ke Lobbern	de fall	Street: 1919 Shrrwin Aug City: Uncsulle zip. 53545	Town Village DNSV	Month) (Day) (Year)	Phone
MATT SPAY WY	West sparts	Street: 232 POCSEVELT AVE City: JANESVILLE Zip: 53546	Town Village XCity TANESVICLE	Month) (Day) (Year)	Phone
JIN JACKSO	pur colle	Street: 1.6 i Ege x G(7 City: Deforest zip: 53532		/1//6/20 <u>11</u> (Month) (Day) (Year)	Email N Phone
8. DIANNE LIECK		City: OREGON WI Zip: 5357	Yown ☐ Village ☐ City ☐ City	(Month) (Day) (Year)	Phone
Patricia Erstad	Catricia Erstad	Street: 893 Della Rd City: Ovegon Wi zip: 53575	Town Utiliage City Ove got	//6/20 (Month) (Day) (Year)	Email C Phone
MARK VAN ALLEN KRAN	Juneau - Kronz	City: MADISON Zip: 53705	Town Village Reity MAASO,	(Month) (Day) (Year)	Email
I,	Certification of date()	of Circulator ify): I reside at 809 10 11100000 (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the			Ci
		resolutaces given. I support this recall petition. I am aware that falsify (Signature of Circulator)	ring this certification is punishable under S.12.		



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WILLIAM HOSPED	well- for	Street: 908 MADTS MIDI PADS City: MADISON CWI Zip: 53715		////b/2011 (Month) (Day) (Year)
-		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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· Sarah PGobbstern	Soud? Colofen	Street: 722 Spruce St City: Nedson WI zip.53715	Town Usilage Decity Silv Praire	11/16/20 <u>11</u> (Month) (Day) (Year)
Kaninwaenrke	Katrinag	stree 800 garden Dr#89 city: 8 P zip53590	Orty TOUCHNI	(Month) (Day) (Year)
Robert Breitzke	Zus	Street: 524 Rings ST City: Stagetter zip:535E9	Orcity ADISUN	// //C/20//
Torey Jennings	Jour Bury	Street: 2712 Pheasont Ridge Trl City: Madrsci zip: 53713	O Town O Village Specity MADISCIA	1/16/2011 (Month) (Day) (Year)
Raechel Rought	Rachel Rought	street: ILIS Country Rose Ct City: Madison Zip: 53713	□ Town □ Village □ Henry Meditson	(Month) (Day) (Year)
Tony Peteranjelo	DOP	Street: 721 N Ster Dr City: Madisan Wl zip: 53718	O'Town O'Village O'City	1 / 16/20 (Month) (Day) (Year)
JOHN TURNBULL	John Lucenly	City Read & Page 2 Zip: 5-35-2	1 D Cime / V 1/5 < 2016(11/15)	id /16/20/// (Month) (Day) (Year)
Trevega Lapato	Tenstood	City: Marcha Wil zip: 537/10	O Town O Village OCity OCity ONOTO	11/16/2012 (Month) (Day) (Year)
Cody Gregson	ling =	city: Cross Plains zip: W	City C VUSS OL AINS	(Month) (Day) (Year)
Sharon Wolter	Shum Wolks	Street: City Bilven Rd City: Edgerton Zip: 53534	Byillage Albion	//6/2011 (Month) (Day) (Year)
DUMCY JUSTI (Name of Circul		of Circulator 801 A ify): I reside at Circulator's Residence - Street name an	THOUPSOUDE 102	MADSON Aunicipality)

I personally circulated this redail petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator) (Day) (Month) (Year)

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personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder amed in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this ecall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stals.

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(Circulator's Residence - Street Name and Number)

(Signature of Circulator)

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Comr PO B THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. Madis NAME & SIGNATURES OF ELECTORS NAME OF VOTING STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE Rural address must also include box or fire no. DATE OF SIGNING (Also Indicate Town, City, or Village) Email XX Town ☐ Village ☐ City U/5/2011 Phone (x 2. Email Town
U Village
City lind)) /5/20<u>|/</u>
(Month) (Day) (Year) Phone (Municipality Name) 3. Email Town Street 6946 Rombrandt Rd Sifor ☐ Village ☐ City 11/15/20/11 4. Town Village ☐ City (60 5. Town Uillage ☐ City (60 **Certification of Circulator** (certify): I reside at 809 **Circulators**

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SCOTT WALKER RECALL PETITION
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
Print: JOHN DREGER IV	street: ZZZ MERRY ST, #9 City: MADISON, WI zip: 53704	Town Village City (Municipality Name)	(/ 5 / 20 [(Month) (Day) (Year)	Email Thone (60
Print: WILL TOYWOOD Sign: 3.	Street: 4305 R (GNEY LN) City: MAD 1524, W1 21p: 53707	□ Town □ Village □ City (Municipality Name)	() //5/20 <u>()</u> (Month) (Day) (Year)	Email Officers
Sign: Patricia Brey Sign: Patricia Brey 1. On Dela Sign: Patricia Brey	Street: 44 Lakewood Gons In City: Madisan zip: 53704	Town □ Village □ City (Municipality Name)) /5/20 <u>//</u> (Month) (Day) (Year)	Email Paril Phone (60
Print: Cottin Johnson Sign: Cottin Johnson	street: 3603 Nagoli Ln #8 chy Middleton zap: 5253562	O Town O Village O City (Municipality Name)		Email Cac Phone
rint: Elizabet leads	City: Middledon, w/ zip: 535c 2 Certification of Circulator	O Town U Village City M U U (Municipality Name)	(Month) (Day) (Year)	Email Y ~ a Phone (C ° V
(Printed Name of Circulator)	critify): I reside at Soq W. Thompson A (Circulator's Residence – Street Name and Num ined each of the signatures on this paper. I know that the signers are electors	ber) (Circulator Munici	nalisa)	Circulators,

knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this ecall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis Stats

(Year) (Signature of Circulator)

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PHINE OWEN WATTERSON	Street 3370 CLOVE DRIVE	☐ Town ☐ Village ☐*City	11/15/20_11	Email ORAL
Sign: Own Wallers	city: Maliso zip: 53704	MADISON (Municipality Name)	(Month) (Day) (Year)	Phone 608
Print: Tonya Natkins	Street: 702 Dempsey Rd	□ Town □ Village Æ City	11/(5/20]	Email
3. So Pollmenn	city: Madison zap: 53714	Municipality Name)	(Month) (Day) (Year)	((e)
Sign: Ed Pohlmann	street: 1726 Sechtgen St	Drown Village Madison	11/15/2011 (Month) (Day) (Year)	C/Po
4. Print: Brian Blank	chy: Madison zh: WI	(Municipality Name) ☐ Town	(Cay) (Tear)	(608
Sign: Sign:	Street: 600 W. Dean Ave	□ Village City Monona	<i>ιι ι</i> 5/20 <u>ιι</u>	Phone
5.	City: Monona zip: 537(6	(Municipality Name)	(Mouth) (Day) (Year)	(309
Print: OUR Saltri Sign: Juliu Saletu	17.10.14.2)	Town Uvillage City One of the control of the contr	11 /15/2011	Email SKSal Phone
Children (Aloge	Certification of Circulator		(Month) (Day) (Year)	(608
(Printed Name of Circulator)	rtify): I reside at <u>809 U TNOMPSM D</u> (Circulator's Residence – Street Name and Numb	ber) (Circulator Municip	Dality)	Circulators,

personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder amed in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this ecall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis Stats

Page No. (Official Use Only)

Please include your

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. PO B THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. Madis NAME & SIGNATURES OF ELECTORS NAME OF VOTING STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE Rural address must also include box or fire no. DATE OF SIGNING (Also Indicate Town, City, or Village) Email ☐ Town □ Village City City Phone (Municipality Name) ☐ Town ☐ Village City 3. 🗆 Town □ Village ☐ City Phone (Municipality Name) City: □ Town Email □ Village ☐ City Phone (Municipality Name) City: Zio: ☐ Town Email ☐ Village ☐ City Phone (Municipality Name) **Certification of Circulator** (certify): I reside at (Circulator's Residence - Street Name and Number) Circulators, (Circulator Municipality)

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(Signature of Circulator)

Please Include yo Phone

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
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Print: Erin M. Erickson Sign: Star M. Prickson	6942 Street: Old Amsterdam Way	M Town Village City WindSor	11 /15/20_11	Email Cri	
2.	city: De Forest zip: 53532	(Municipality Name)	(Month) (Day) (Year)	(40	
Print: Stefanie Brandenburg	Street: 4398 Cradle Hill Pr.	Town ☐ Village ☐ City	U /15/20_11	Email S.b	
sign: Step auni Branduhy	chr. Deforest zb. 53532	Wind SOV (Municipality Name)	(Month) (Day) (Year)	Phone (LeO	
Print: Jenny fer Machotte sign: Jenny fer Machotte 4.	street: 4368 Snoft Way City: Deforest 24:53532	Town Uvillage City (Municipality Name)		Phone	
Print: John Miller Stgn: John Miller	street: AA fish hatchery RD City: Madison zip: 53713	Town O Village Litchburg MCity Litchburg (Municipality Name)	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Email Car Phone	
print: Jennifer Maly sign fennife concelly	street: 114 Leonst cty: Madison zp: 53714	Town Village Society Mad Society (Municipality Name)	(Month) (Day) (Year)	Email Mc Phone (603)	
(Printed Name of Circulator)	ertify): I reside at 809 N. TWWP50N DR.	102 MADISON			
arconally simple 1.1.	(Circulator's Residence – Street Name and Num.	ber) (Circulator Munici		irculators , lease include you	

recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder amed in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this ecall petition. I am aware that falsifying this certification is punishable under \$1.12.13(3)(a), Wis. Stats

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| Town | Description City (Municipality Name) **Z**Town ☐ Village □ City Phone (Municipality Name) Town Email 石 Village (Municipality Name) **Certification of Circulator** (certify): I reside at (Circulator's Residence - Street Name and Number)

personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder amed in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this ecall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Vis. Stats

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Article XIII, Section 12 of the Wisconsin Constit	itution and S.9.10 of the Wisconsin Statu	ites.			
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Jeff Furst	July Strat	street: 205 Dunning St. City: Madison zip: 53704	Town Village Madison	// /15/20// (Month) (Day) (Year)	Email Phone
margaret Furst n	magaret Tuyst	street: 205 Dynning ST City: Madison zip: 53704	Town Village City Madison	///5/20// (Month) (Day) (Year)	Email Phone
Benjamin Anton	BWH	Street: 201 DUNNING 8+ City: Madison Zip: 53704	Town Village Made 302	(Month) (Day) (Year)	Email Phone
Carde Elizabeth Cerry (Chary	street: 213 Dunning of City: Madison zip: 53704	Town Village Madisur	(Month) (Day) (Year)	Email Phone
5. Marine Reese 1	nafin Reese	Street: 213 Dunning St City: Madison Zip: 5374	□ Town □ Village A City Malison	(1 /15/2011 (Month) (Day) (Year)	Email Phone
BROOKE DACKSON Z	Set Me	Street: 205 DIVISION 37 #1 City: MADISON 21p: 53704	U Town Village Village Village Village Village	(Month) (Day) (Year)	Email Phone
7. CALEIS POURCHOT		Street: 241 Duning St City: MADISON Zip: 53704	Town Village Kity MANIJON	11 /15/2011 (Month) (Day) (Year)	Email Phone
8. Nancy Habeger	Marcy	Street: 259 N. Main Markeson zip: 53946	Town Warkeran	11/45/2011 (Month) (Day) (Year)	Email Phone
Vimberry Beitlich W	unterly Wicklish	street: 23+ Dunning St. City: Madison zip: 5377+	Town Village MadiSa		Email Phone
10.	LuSter	Street: 249 NUNING ST. City: MHDISON Zip: 53704	Town Village Village VILANISON	(Month) (Day) (Year)	Email Phone
I,	r) d each of the signatures on this paper. I know that the		I Number) (Circulator Mofficeholder named in this petition, I know the	at each person signed	Circu

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
MaryThompson-Shriver	Mayelons	street: 249 Dunning St City: Madison zip: 53704	Town Village City Madison	11 /15 /2011 (Month) (Day) (Year)
GARY T. FREST	Sungton	Street: 530 MILLER AVE City: MADIJON WI, Zip: 53704	Town Village MADIION	/////20// (Month) (Day) (Year)
Jeremy B. Crane	Joney B Crame	street: 214 Jackson St. #1 city: Mad ison W1 zip.53704	Town Village Mad 50 n	11 /15/20// (Month) (Day) (Year)
Rita Burchette	Pata Burcheto	street: 202 Sackson St city: Mad iron WI zip: 53'704	Town Village Madism	(1 / 15 / 20 11 (Month) (Day) (Year)
Jeffrege Neteral	ORK	Street: 208 Jackson Street City: Malison Lt Zip: 53704	Town Village Madison	// /15 /20[1] (Month) (Day) (Year)
Charles A. Quade	Carla Gorade	street: 209 Tackson St City: Madison Zip: 53704	□ Town □ Village ☑ City □ City	(Month) (Day) (Year)
LEE SYVERUS	Lee Syverus	Street: 212 Jackson St City: Madisin 53704 Zip:	Town O City Maleson	(1 15/20 <u>Cl</u> (Month) (Day) (Year)
Erin Rodell	Ein fedth	street: 213 Jankson St city: Madison zip: 53704	Town Village Madison	(Month) (Day) (Year)
TBake Jewssen	15 Blule	street: 215 Jackson 3+ City: Maidoson zip: 53704	Town Village Mades	(Month) (Day) (Year)
Von Saunders	Va L	Street: 227) a CRSON St City: Malison zip: 53704	Town Village Mudillage City	(Month) (Day) (Year)
THE FIRST		on of Circulator certify): I reside at 205 DUNNING S	st. M	Podison

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	onstitution and S.9.10 of the Wisconsin Stat			
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· Dustin 1. Lore		Street: 227 Jackson St	Town Madson	11 /15/2011
	140	City: Mard Scr, WI zip: 53704	Jan Caty	(Month) (Day) (Year)
Rita Mae Reese	RA Mar Does &	Street: 213 Dunning St.	Town Wadison	(Month) (Day) (Year)
· · · · · · · · · · · · · · · · · · ·	- Jan	city: Madison zip: 53704		(ACML)
Marolyn J. Bohr	Marolyn & Bah	street: 233 Danning St City: Madison zip: 58704	Town Utillage Madison	1(/6 /20_11 (Month) (Day) (Year)
	0 0	- ()		
l. Clarification) aral	Street: 2214 St. Paul Ave	□ Town □ Village	11/16/2011
Saka Johnson	1 () wwy	city: Maalson zip: 53704	was Madison	(Month) (Day) (Year)
. 0 _	77.	Street: 214 JACILSON ST	☐ Town ☐ Village	11/4/2011
KILK Johnson	IN M.	City: MAdre, w, Zip: 53702/	□ RPATity	(Month) (Day) (Year)
•		1 1 0111	□ Town	1.1.1
MarykByrne	Mary K. Byrne	Street: 214 Jackson STH 2 City: Madison MKB 21258704	Village Madison	/////20 <u>//</u> (Month) (Day) (Year)
	11 /2 /	100 Object 10	□ Town	11 /21 /
L'angual 9 Daglate	11 10 10	1 · · · · · · · · · · · · · · · · · · ·	Village Mad 150M	(Month) (Day) (Year)
VILLE CHENITY	version wasto	city: Medison WI zip 53704	~ 11(CU1)	(Paj) (1881)
A	1 1	street: 266 0410 Ace H2	☐ Town ☐ Village 1 A	11/16/2011
Bena Kanovse g	She you	city: Madison zip: 53704	Kity Madison	(Month) (Day) (Year)
		Street: 20 6 0 tho Ave	□ Town	11 /16/2011
Harley de march	1 the alle a Dan a he		Noticity Madison	(Month) (Day) (Year)
Tarley Schrank	hound some	City: Madison WT zip: 53704		
7		Street: 9183 N. Dix Dr	X Town □ Village	11 /16/2011
-on Him	14/	City: Milton Wi zip: 53563	City Milton	(Month) (Day) (Year)
	Certification		2/ 22/	
THE FIRST		tify): I reside at 205 Punning	1 St. ///1/1	500
(Name of Circula	lator)	(Circulator's Residence - Street name and	d Number) (Circulator)	Municipality)
my circulated this recall petition and personally obta- with full knowledge of its content on the date indica-	ained each of the signatures on this paper I had that atted opposite his or her pame. I know that respective	the signers are vectors of the jurisdiction or district represented by the residences given Jeupporthis recall petition. I am aware that falsifying	e officeholder named in this petition. I know to ing this certification is punishable under S.12.	hat each person signed 13(3)(a), Wis. Stats.
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1. Tamara Lee Engelberg	er Jamaia Fee English	Street: 1110 Timothy Ave	□ Town □ Village	11 /16/20_11 (Month) (Day) (Year)	Email Phone
2. Teresa Weidemann Snith	Jose Weddy L	street: 16225. Thompson City: Madison zip: 537/6	□ Town □ Village	// // 20 (Month) (Day) (Year)	Phone (60)
3. Ruch P. Laftey	Rum G. Folly	Street: 181 Shato Ln. City: Monona zip: 53714	□ Town □ Village	(Month) (Day) (Year)	Phone (
Donna Suttan 6	Dansut	Street: 800 Whispering Way City: Cottage Grove 2/53/27	Drown Village Ci Hage Grove	(Month) (Day) (Year)	Phone (
Tyrone Powell	Zyme Towell			(Month) (Day) (Year)	Phone (
6. Kenneth Entsminser	Kenneth Filmmager	city: Madison Wi zip: 53719	Village	11 /1C /20 <u>41</u> (Month) (Day) (Year)	Phone (
"RCHARD SHOWE		Street: 747 N. THOMPSON Dre City: MADISON NI Zip: 53724	m ava - 1	11 /16/20 11 (Month) (Day) (Year)	Phone (
Sherry Swanton	Shein Sulo	Street: 206 É/9 Terr	□ Town □ Village	11/16/2011 (Month) (Day) (Year)	Phone (
" Gerald Bae	Did Ban	Street: 5300 MidMon Rd City: MU10111 zip:53716	Town Village Politicity	(Month) (Day) (Year)	Phone (
Cory akisa	Contl	Street: 2145 Je-tra - Ct City: Coffey: Floor Zip: 535 27	DeTown Utilage City Deffect Cases	// // /20/1 (Month) (Day) (Year)	Phone (
San Hann			Milan In	otrace -	70.0
veun Tuex	, (cert.	tity): I reside at 514 1 5x 4000	village of C	vilageto	OV Circulato

	Cory	26/26-	world	City: Co Her Eur	zip: ろうと City	Coffee GLOVA	(Month) (Day) (Year)
			Certifica	ation of Circulator	•	· · · · · · · · · · · · · · · · · · ·	
I, _	Seun	Hoex		, (certify): I reside at <u>316</u> Fox	« Circle		Cotrage
		(Name of Circul			lence – Street name and Number		1 //
I pe	rsonally circulated this rec	all petition and personally obta	ined each of the signatures on this paper I kn	now that the signers are electors of the jurisdiction or	district represented by the officehold	er named in this petition. I know th	at each person signed
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1. Christopher Frisque	chis Fryse	street: 744 Westlawn Dr. City: Cottage Grove zip: 53527	Town Cottage Grove	N/15/2011 (Month) (Day) (Year)	Phone (608
2. Kassy Coleman	ham the	street: 300 Lindsay Way City: Cottage Errove zip: 53527	Town Co Hage Grove	11 /15/20 1 (Month) (Day) (Year)	Phone (LOOS)
3. JAMES L. HUSCHRIA (Tons. Jun	Street: 300 LINDSAY WAY City: Cutt A65 Group Zip: 53527	Town Nyillage City Cott 46= 6201=	II /IS /20tl (Month) (Day) (Year)	Phone (608)
4. Beverly Fowler	Beverly Fowler	Street: 1013 Northlawn Dr. City: Cattage Grove zip: 53527	Town Defiliage City Cottage Grove	\\\\/\(\begin{align*} \langle \langle 20\langle \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Phone (60%)
Kimberly Linsonmayer	1 caclinsinnays	Street: 2014 Paso Robe Way City: Madison zip: 537/6	Town Uvillage City Madison	11 / / / 20 1 (Month) (Day) (Year)	Phone (608)
6. Kar Hold	1 6 1202 132601	Street: 722 MOURNING DON Dr City: Cattage GOVE Zip: 535-27	Town Stillage City Cottage Crove	// //6/20// (Month) (Day) (Year)	Phone (
7. Kevin Wellons	Kui Williams	street: 1414 Williamson City: Madison W zip: 53703	Town Village Madisan	11 /16 /2011 (Month) (Day) (Year)	Phone (
8. Marshall Heyworth	Washill & De	Street: 6101 Midwood Ave 3716 City: Monong zip: 475	Town Utillage Monono	// //6/20// (Month) (Day) (Year)	Phone (
9. Anne He Bloomgaist	annette Bloomquist	Street: 6714 Annestown Dr City: Madison Wizip: 53118	Town Village Madison	////6/20_// (Month) (Day) (Year)	Email Phone
Patty Lennon	Patry Lenny	Street: 4037 Anchis Dr City: Madison Wizip: 53714	Town Village Madison	(Month) (Day) (Year)	Email Phone
(A 1	Certification of	of Circulator	11		

(certify): I reside at 3/6 tox Circle (Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper, I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Day) (Year)

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Re

Phone

Email

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hichele McLonnell	Mi chele Milmill	_		11 /16/20/1	Email Phone
		chymon ana WI zip. 53716		(Month) (Day) (Year)	
Charildaylin	11/ look Alcar	Street: 3/73)2+4y [Vai] City: Massan Wap: 53719	Town Rivillage City	(Month) (Day) (Year)	Email Phone
Elizabeth Merfeld	EDO (alal	Street: 118 Copps Ave.	Town Monana	11 /16/20_11	Email Phone
		city: Monona WI zip: 53716	₹ City	(Month) (Day) (Year)	Email
LORI NAMIRNIAL	Jonn	Street: 413 Bonnie Rd City: Cotting Grove zip: WI TSH	Town Cottage Conve	// // /20// (Month) (Day) (Year)	Phone
		City: City: Zip: Zip:	□ Town	1 1	Email
		Street:	☐ 10wn ☐ Village ☐ City	/ /20	Phone
		City: Zip:	-	(Pay) (Year)	Email (
		Street:	☐ Town ☐ Village	/ /20	
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		City: Zip:		(Year)](
	Certification o		A-7/574	•	
ean Hoex	, (certin	ify): I reside at 316 Fox Circle	Village of Ca	Hage Gra	N

Certification of Circulator

I, Selection of Circulator

(Name of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences, given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: Sarah Nehls Sign: Sarah Nehls	street: 3510 Sunsof Dr City: Madison zip: 53705	Town Village City Shorewood Hills (Municipality Name)	15 WM 11 /tb/2011 (Month) (Day) (Year)	Phone (608)
Print michael Nork Sign Am. Noh	Street: 17 Hickory Hollow Dr.	Town Village Wadison (Municipality Name)	// /15/20// (Month) (Day) (Year)	Phone ()
3. Print Melanie Patton Sign: Melanie Patton	Street: 1717 Lake Point Dy 3060 City: Madison WI Zip: 537/3	Town Village City MacLon (Municipality Name)	1 11/5/20_1(Month) (Day) (Year)	Phone ()
4. Print: Cheball Sign: Cheball	Street: 7/13 Park Shares Ct.	Town Village City Muddleton (Municipality Name)	11 / 2011 (Month) (Day) (Year)	Phone ()
5. Print: SKRIS SMITH Sign: WW MANUTO	Street: 1017 S. HOLIDAY DRIVE City: WAUNAKEE, WI Zip: 53597	Town □ Village □ City (Municipality Name)	///5/20// (Month) (Day) (Year)	Phone (608)
1. Wency Miller	Certification of Circulator (certify): I reside at 4484 Faith 5	Town of Winds	ώη	Circulators.

I personally circ	culated this recall petition and	personally obtained	each of the signatures o	n this paper. I	know that the signers are elector	rs of the jurisdiction	or district represented by the offi	ceholder
named in this pe	etition. I know that each perso	n signed the paper w	ith full knowledge of its	content on th	e date indicated opposite his or h	her name. I know the	eir respective residences given. I	support this
recall petition. I	am aware that falsifying this	certification is punis	hable under \$.12.13(3)(a), Wis. Stats.				
11		2 1		→ ∥			Paga No. 1000 del Une Onle	, !

(Circulator's Residence - Street Name and Number)

(Month) / (Day) / 20 | William | Signature of Circulator

Circulators,
Please include your cont

Phone Phone

Return by Ja

Committee to PO Box 2569

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Return by Jar Committee to

	Section 12 of the Wisconsin Constitution and S.9.10 of the V SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT			PO Box 2569 Madison, WI
THE MOVIEN ALTH TO	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.		
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Denise Krolvill	Street 421 Manderword Rd	Town Village	1 /5/2011	Email
Sign: Deur Welin C	City: OYLYM W Zip: 53575	Rufland (Municipality Name)	(Month) (Day) (Year)	Phone (LOG)
Print Britary Goodspeed	Street: 4443 N. Laura Dr.	Ditown Ovillage City Janesville	1\ /15/2011	Email DCOUMO
supportunt fortall	city: Janes VIII ZIP: 53546	(Municipality Name)	(History (Tear)	(COB) Email
Print: John C-Peterson	Street: WY647 Gy-Rd-FF	Strown - JG	11 /15/20/1	dn 3 wos
Sign: TWO DOWN	city: Marde zip: 53560	(Municipality Name)	(Month) (Duy) (Year)	(608) d
Print: Lawa IVashko	street: 1655 Capital Ave #3	Town Village City	11 /15/20_[[laurain Motor Phone
six Saura Dadillo	city: Madison zip: 53705	(Municipality Name)	(Month) (Day) (Year)	(608)
5. JAMES VER HOEVE	Street: 205 RICHLAND LANE	☐ Town ☐ Village ☐ City	11 /15/2011	VER HOE
Sign: John Va Aden	City: MADISON, WI Zip: 53705	(Municipality Name)	(Month) (Day) (Year)	Phone (66 &)
I, Wandy Mile (Printed Name of Circulator)	Certification of Circulator certify): I reside at 4484 For S (Circulator's Residence – Street Name and Nu	mber) Town of Winds	n icipality)	Circulators, Please include your conto
,	Carculator b Remierro Breeze rame date		,,	Phone

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(Month)

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Return by Jan Committee to PO Box 2569

	section 12 of the wisconsin Constitution and 5.9.10 of th			Madison, WI
THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPAL THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWA			1 1711013011, 171
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Print: Su Tette Marchant	Street: 214 Crack Edge Ct	☐ Town Marvillage ☐ City (Municipality Name)	11 / 15/20_4 (Month) (Day) (Year)	Phone [Cook]
2. Print KATHRYN BURKE Jathup Burke	Street: 2305 Eton Redge City: Madision 2ip: 53726	□ Town □ Village ☑ City MAD ISST (Municipality Name)	11 /6 /20 /1 (Month) (Day) (Year)	Email KFburke Phone (608)
3. Print: Angela Wealti Sign: Angela Wealty	street: 500 South St city: Wannakee zip: 53597	Town XVillage City Mannakee (Municipality Name)	il /15/20_1/ (Month) (Day) (Year)	amadev 10 Phone (608)
4. Print: Andree Wilson Sign: Chohe Win	Street: 520 Enterprise Dr. City: Verane zip: 53593	Town Village MCity Verore (Municipality Name)	11 /15/20 <u>4/</u> (Month) (Day) (Year)	Phone 3
5. Print: Susan M. Rogers Sign: Sosan M. Porgers	Street: MOTDiving Hawk Trail	Town Village City (Municipality Name)	1\/1\frac{1}{2011}	Phone (68)
Whely Miles Printed Name of Circulator)	Certification of Circulator certify): I reside at 4484 Funds 4 (Circulator's Residence - Street Name and	Town of Winds	Ø7	Circulators,

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(Month) (Day) (Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	nstitution and S.9.10 of the Wisconsin Stati FPURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
"Karissa Kennedy	Kanssakennedy	street: 5491 Elder PL city: Mad1S9N zip: 53705	Town Scity Madison	
Michalas Hazidi	they tons	street: 1155 Plum Road City: Rudalph zip. 34475	Prown Rudolfh	(Month) (Day) (Year)
s. Karen Zielinski	Kan Zielinki	Street: N1973 Rizer Rd City: Endewor zip: W1	Drown Douglas City Bright He	/ (20[
4. CAROLYN FATH	Carolen ath	Street: 221 N HILLSIDE TERR City: MADISON WI Zip: 53705	Town Village Madusin	
JEAN MARTY	Jean M. Marty	Street: 505 MARK DRIVE City: VERONA, WI Zip: 53593	Town Village Verona	/ /20
Diana Trask	Qiana Q. Trask	Street: 9 WENTERSU (ILLE City: Mailson Zip: 53717	Drown Dvillage Specity Markey	(Month) (Day) (Year)
Daran Johnson	Jan South	Street: 7266 Squire Cir 52 City: Middletg & Wt zip: 53562	Drown City Middleton	(Month) (Day) (Year)
"Sear Dicote	542	city. M. ddleton , zip. 53562	Town Village Middle for	(Month) (Day) (Year)
" Kistle Keith	Kristie Kertin	Street: 6737 UNIVERTY Q City: Madison zip: 53705	Town Village Wadism	11 /16/2011 (Month) (Day) (Year)
Constance M. Hay	Constance M. Hay	Street 57 99 Tall Oaks Rd. City: Fitchburg, WI zip: 53711	Town Village Fitchburg	//6/2011 (Month) (Day) (Year)
Kristina Kelly	Certification (of Circulator fy): I reside at 5404 Mathlw 5 Rd # E	3 Coty of M.	adleton

1, Kristina	hellu	, (certify): I reside at 5404 Mathews Kd #8	City of Madleton
	(Name of Circulator)	(Circulator's Residence – Street name and Number)	(Circulator Municipality)
I personally circulated this recal	ll petition and personally obtained each	n of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder n	amed in this petition. I know that each person signed
the paper with full knowledge of	of its content on the date indicated opport	site his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certific	ation is punishable under S.12.13(3)(a), Wis. Stats.
//	6 /20 1	Kristma Kolly	Page No. (Official Use Only)
(Month) (Day) (Year)	(Signature of Circultur)	# 2276

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Yes CYes Yes

(Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality)

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Return by

Committee

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Box 25 Madison, THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING MUNICIPALITY OF RESIDENCE DATE OF SIGNING CON STREET & NUMBER OR RURAL ROUTE NAME & SIGNATURES OF ELECTORS Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Reynolds Sheily Michelle □ Town City ☐ Town acma ☐ City (60B 3. Town
U Village IEHLING PR Phone Email 4. ☐ Town □ Village City C Phone Email ☐ Town Village ☐ City McFarland Phone Municipality Name) City: McFasland (certify): I reside at 339% Circulators, (Printed Name of Circulator) (Circulator Municipality) Please include your Phone I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given, I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. \$\frac{1}{2}\text{ats}\$ Email

(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	0
1. Print: Linda hohr Sign: MMLo	Street: 2444 Burl Ct City: McFarland Zip: 53558	KTown □ Village □ City (Municipality Name)	11 /5/2011 (Month) (Day) (Year)	Email Phone
2. Print:	Street: City: Zip:	□ Town □ Village □ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone
3. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20	Email Phone
Print:	City: Zip: Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email
rint:	City: Zip:	□ Town □ Village □ City		Email
ign:	City: Zip: Certification of Circulator	(Municipality Name)	/ / 20	Phone (
Barbara Foulk (Printed Name of Circulator)	, (certify): I reside at 3396 Kyching DR (Circulator's Residence - Street Name and No	B/OMING MeForland fumber) (Circulator Munic	RY	Circulato Please includ

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(Month)	(Day)	(Year)	(Signature of Circulator	r)

Phone

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MUNICIPALITY OF RESIDENCE

(Also Indicate Town, City, or Village)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

STREET & NUMBER OR RURAL ROUTE

Rural address must also include box or fire no.

NAME & SIGNATURES OF ELECTORS

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

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	PO Box 2569 Madison, WI 5	53
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53705 ality)	Circulators,	
fficeholder	Please include your contact Phone	ct i
I support this	1 /	

	Street: NGES / COUNTY KD V	_ □ City	1 (/ 15 / 20 11		
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Sign:		(Municipality Name)	(Month) (Day) (Year)		
	City: LODI Zip: 53555	(Municipality Name)		1 ()
	City: LODL Zip: 33555		 	Email	
2.				Eman	
DANIEL REDLIN		Town			:
	Street: 329 KEDZIE ST APT 2	☐ Village City	1 /15/20//		
O AA		MAPISON		Phone	
Sign: Own Kein			(Month) (Day) (Year)		
	City: MADISON Zip: 53704	(Municipality Name)		()
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3.				Email	
Kari Dyhdarii	man Nami Cinn in min	☐ Town ☐ Village			
7000	street: 592 D'Onofrio Drive, AP+D	City	11/5/- 20		
Was 6 Model		Madica	11/15/2011	Phone	
Sign: NOW SI WOOLU		11/10/1300	(Month) (Day) (Year)		
	cis: Madison zip: 53719	(Municipality Name)		()
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Print: Angela D. book		Village			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Street: 1703 De Clas 54	*ArCity	ill dans		
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Sign: Sign: Luldil		(Municipality Name)	(Month) (Day) (Year)		
	City: Madison 21p: 53715			()
5.	City: 100, 50 2ip: 33113			Email	
		□ Town		- Dinan	
Print: DONNA SHOWER	\mathcal{L}	Village City		1	
	Street: 915 Rumber Kun		11 /15/20_11		
	7	DEFURES7	11 115/20_4	Phone	
Sign: Sign:		(Municipality Name)	(Month) (Day) (Year)		
,	1 7 5 52 CZ CZ D			1)
	Certification of Circulator	<u></u>			
I, Mary Vaugran, Trinted Name of Circulator)	(certify): I reside at 5516 Engle wood Drive (Circulator's Residence – Street Name and Nu	Madison WI	53705		
(Printed Name of Circulator)	(Circulator's Residence – Street Name and Nu	umber) (Circulator Munic	· 12. \	Circulators , Please include yo	
		,	1	Phone	nai comuce
	btained each of the signatures on this paper. I know that the signers are elected				
named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification	paper with full knowledge of its content on the date indicated opposite his or	her name, I know their respective residences giv	en. I support this	()
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(Month) (Day) (Year)	(Signature of Circulator)	# da 280	¦·	L	
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> THE MUNICIPALITY USED FOR MAILING PUR?OSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by Janua Committee to Re PO Box 2569

		on, WI 53
		CONTACT
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	Phone ()
	Email	

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	С	CONTACT
1. Print: Helen Bridwall Sign: Idden Bridwall	street: 1316 N Page 57 city: Stoughton Wize: 53589	□ Town □ Village ▼City Sto ughtory (Municipality Name)	// //2/20// (Month) (Day) (Year)	Email Phone)
2. Print: Ann M. Pooler Sign: Ann M. Pooler	street: 5154 Juneau Road City: Madison, WI Zip: 53705	Town Village City Madiso (Municipality Name)		Phone ()
3. Print: MARK Andrews Sign: Maur Andrews	Street: 1501 Stemp TEr City: Madison WI zip: 53711	Town Village Village City (Municipality Name)	// //5/20 <u>11</u> (Month) (Day) (Year)	Phone)
4. Naney Duren Sign: Maney Duren	Street: 8/9 Olympic ST. City: Sun Prairie zip: 53590	Town Village City (Municipality Name)	(Month) (Day) (Year)	Email Phone)
5. Print: P(TA GAHAGAN) Sign: HESH Ghrus galan	Street: Gyor Hound A. City: Widdleton Zip: 53562	Town Village City (Municipality Name)	/ 15/20 (Month) (Day) (Year)	Email Phone)
	Certification of Circulator			1	
Mary Vaughan, (Printed Name of Circulator)	certify): I reside at 5516 Englewood Drive (Circulator's Residence - Street Name and Nur	mber) Madison w D (Circulator Munic	53705	Circulators	
personally circulated this recall petition and personally ob	betained each of the signatures on this paper. I know that the signers are elector baper with full knowledge of its content on the date indicated opposite his or I s punishable under S.12.13(3)(a), Wis. Stats.	rs of the jurisdiction or district represented by the	officeholder on. I support this	Phone (Email)

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Return by Janu
Committee to R

PO Box 2569
Madison, WI 5

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1. Cary Sogal sign: Cay Dym	Street: 614 EMENSON SC. City: Madison Zip: 53715	Town Village Query 17adiseA (Municipality Name)	11 /15/2011 (Month) (Day) (Year)	Phone (
2. Print: Paul Karch Sign: Paul Moch	Street: 1915 Adars 54, City: Med, San Zip: 533/11	Town Village City (Municipality Name)	/// 5720 <u>//</u> (Month) (Day) (Year)	Phone (60f) 8	
3. Print: Teresa Blackburn Sign Dun Blackh	Street: 20 Sayner CT #39 City: Madison Zip: 53717	Town Village Society (Municipality Name)	/1 //5 /20/1 (Month) (Day) (Year)	Phone ()	
4. Print: Eric M. Kestin Sign: SM	street: 11 Anniversary Ct City: Madison zip: 53704	Town Village Decity (Municipality Name)	// /15/2011 (Month) (Day) (Year)	Phone (GU8) 21	
5. Print: Theodore Poole Sign: Medou Juh	Street: 8402 Prairie Hill Rd City: Madison Zip: 53719	Town Village City Madi Sova (Municipality Name)	11 /15/20_11 (Month) (Day) (Year)	Phone ()	
Certification of Circulator					
I, Mary Vauswan, (Printed Name of Circulator)	(certify): I reside at 5516 Engle wood Drive (Circulator's Residence - Street Name and Nu	mber) Madisah Wimber) (Circulator Muni	1-1113	Circulators, Please include your contact	

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(Month) (Day) (Year) (Signature of Circulator) Page No. (Official Use Only)...

(Signature of Circulator) # 2282

Phone

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Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Committee to R
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1. Print: STEVE DONGEHE Sign: Steve CI Dovetts	Street: N9369 Lessler Rl City: BROOKLYN Zip: 53521	□ Town □ Village □ City (Municipality Name)	[Phone ()
2. Print: DAVID RIHM Sign: Daw RE	Street: 1508 (1971) TAL ALL City: MADISON Zip: 53705	□ Town □ Village □ City M / A Cli Str (Municipality Name)	///5/20 <u>(/</u> (Month) (Day) (Year)	Phone (GOS) Q
3. Print: LYNDA SEEGER Sign: Lynda Slear	Street: 373 SKYVIGN City: WAUNAKEE Zip: 53597	Town Village City (Municipality Name)		Seeger Phone (608) 8
4. Print: Susan Hagstron sign: Amen Mayotren	Street: 916 Shove wood Blud City: Madison zip: 53705	□ Town □ Nvillage □ City Shove wood Hills (Municipality Name)	11 / 75 / 20 <u>4</u> (Month) (Day) (Year)	Phone (604) 2
5. Sandra Hendrike Sign: Dado du dish	Street: 407 Starry the City: Monona 219: 53714	Town Stillage City MONON (Municipality Name)	[9 /1] 20_1 (Month) (Day) (Year)	Phone ()
Certification of Circulator				
I, Mary Vaughan, (certify): I reside at 5516 Englewed Drive Madison LL 53765 (Circulator (Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality) Circulator Street Name and Number) Circulator Municipality) Phone				
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Return by Janu
Committee to R

Committee to F PO Box 2569 Madison, WI 5

Email

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NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) DATE OF SIGNING	CONTACT				
1. Print: Don Hendrikse Sign: Don Hendrikse Sign: Honoro Zip: 53716 Town Village Monoro (Municipality Name) (Month) (Day) (Year)	Phone (608) 2				
2. Print: Tanya Bakker Street: 7/09 Brindley Cr. Town Village City Madism (Municipality Name) 11/15/20/1 Month) (Day) (Year)	Email Tanyab Phone (LB)51				
3. Mathew Bisser Street: 1201 Embald Terruce Apts Town Willage City Sign Print: Sun Prairie WE Zip: \$3590 Town Willage City Sun Prairie WE Zip: \$3590	Phone (LOS) 2				
4. Print: Sill Brault Sign: Janosult City: Janosult Street: 1056 Sutherland Ave Town Village Vi	Phone ()				
5. Print: Dava Loloylar 2 Street: 5005 Carrilla Rd Town Village Williage Wachson 1/15/20/1/ (Month) (Day) (Year)	Email Phone				
Certification of Circulator					
(Printed Name of Circulator) (Circulator's Residence – Street Name and Number) (Circulator Municipality) Pleas	culators, se include your contact : Phone				

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)	(Day)	/20 \\ (Year)	(Signature of Circulator)	Page No. (Official Use Only) # 28 4

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu Committee to R PO Box 2569

2. Print: HEATH CARPENTIER Street: 1902 London derry Dr #220 Street: 1902 London derry Dr #220 Street: 1902 London derry Dr #220	
Print: TERRY W. KRAUS Street: 3033 GREENWAY Trail Sign: MADISON City: MADISON	CONTACT
Print: HEATH CARPENTIER Street: 1902 London derry Dr H220 Street: 1903 Lon	
Sign: Feith S. Carpentin (Month) (Day) (Year) City: Madison Zip: 53704 (Municipality Name)	e)
3. Print: KATHERINE YOUNG Street: 1351 Movinston St #1 Sign: Wand Start Star	
4. Print: Petel Mascera Sirect: 222 So Carloll St. # 202 Sign: City Machison City Machison City Machison Zip: 53703 Town Ovillage ACity Municipality Name) Fhom (Municipality Name)	
5. (C) (B) 110 (Email	ewers
Certification of Circulator I, Mary Vaughan, (certify): I reside at 5516 Englewed Drive Madison, WI 53107 (Circulator's Residence - Street Name and Number) (Circulator Municipality) Circulator Please included Phone Phone	de your contact

named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

Email

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Return by Janu
Committee to R
PO Box 2569

Email

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Madison, WI 53	
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT	
1. Print: Teresia Cothrine sign Derevia A. Cothrine	street: 440 Febrite Dr. city: Monora zip: 53716	Town Village Scity (Municipality Name)	11/15/20 <u>11</u> (Month) (Day) (Year)	Zetechil Phone	
Print: SUSAN H. Axelrod sign: Shulph H. axelrod	Street: 1030 Sherman Arc	Town Village City MacUSOM (Municipality Name)	11 /15 / 20 11 (Month) (Day) (Year)	Phone (
sign: Gody Mc Ontyre	Street: 4610 Eldorado City: Madison zip: 537/6	Town Village City (Municipality Name)	11 / 15 / 20 1 (Month) (Day) (Year)	Phone (608) 20	
4. Print: Jenn Ger Zscherntz	Street: 141 Metro Ter 209 City: Madison 211: 53718	Town Village Werking (Municipality Name)	// /5/20 <u>//</u> (Month) (Day) (Year)	Phone ()	
5. Print: JUSM OSHMAN Sign:	Street 108 W NAKENIEW AV City: MADISON Zip: 5371C	☐ Town ☐ Village City (Municipality Name)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Susano Phone	
Certification of Circulator					
I, Mary Vaughan, (Printed Name of Circulator)	(certify): I reside at 5516 Englewood Driv (Circulator's Residence - Street Name and Nuc	Modison L umber) (Circulator Munic	* * 1 * \	Circulators, Please include your contact i	
I personally circulated this recall petition and personally of	btained each of the signatures on this paper. I know that the signers are elector	ors of the jurisdiction or district represented by the	ne officeholder	FIIOIE	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) / 15 /20 Wan Day (Signature of Circulator)	Page No. (Official Use Only) #2280
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janua Committee to Re PO Box 2569

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, WI 5
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Colleen Ingwell sign Colleen Ingwell	Street: 121 Commerce St	Town Village City (Municipality(Name)	// /15/20// (Month) (Day) (Vear)	Phone ()
2. Karen Fribbenou Sign: Kawfi bh	Street: 5903 W Open Meadow Street: McFarland zip: 53558	Town Village City (Municipality Name)	(Month) (Day) (Year)	Phone ()
THERESA K. CARDINAL MET THERESA K. CARDINAL MATERIAL CARDINAL	Street 760 A SAINT JAMES ST GREVE, W. ZID: 53527	Town Town Village City (Municipality Name)	///5/20// (Month) (Day) (Year)	Phone ()
sign: Barry Holcomb	street: 637 E Growham St Apt 1 City: Madison 219:53703	Town Village City (Municipality Name)		Email (ho/cer Phone
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ()
	Certification of Circulator			4. Laurence
I, Mary Vaughan Printed Name of Circulator)	(certify): I reside at 5516 Englewood Drive (Circulator's Residence - Street Name and Nuc	mber) Mid.son Wt (Circulator Muni	53705 (cipality)	Circulators, Please include your contact
	btained each of the signatures on this paper. I know that the signers are electo paper with full knowledge of its content on the date indicated opposite his or is punishable under S.12.13(3)(a), Wis. Stats.			Phone ()

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janua
Committee to Re
PO Box 2569

THE MUNICIPALITY U	JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, WI 53
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: JOAN N BAUMANN sign: John N. Baumann	ME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email			
Print: ROBERT JAMUER Sign: Ull	N Saumain Street 465 Action Blaze TV Town Coy. Defends William Street William William			
Friat: ROBERT TEMBLER Street: 215 JAN DANSON City: MADISON City	hasting			
Print:		☐ Village ☐ City	/ /20(Month) (Day) (Year)	
5. Print: Sign:		STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. (Also Indicate Town, City, or Village) City Phone (Also Indicate Town, City, or Village) (Also Indicate Town, City, or Village) City Phone (Also Indicate Town, City, or Village) (Also Indicate Ind		
,	(certify): I reside at 5516 En Seucod Driv (Circulator's Residence - Street Name and Nu	,	icipality)	Please include your contact in
named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification is	paper with full knowledge of its content on the date indicated opposite his or is punishable under S.12.13(3)(a), Wis. Stats.	her name. I know their respective residences give	ven. I support this	() Email

(Month)

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THE MUNICIPALITY USED FOR MAILING			VOTING	T
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11.5	D 11 > DI.	Street: 3504 E. DYRESON ROAD	▼ Town ☐ Village	11/15/20/1
EONARD H. BELSTNER	In N DIM	City: Mc FARLAND WI Zip: 53558	City DUNN	(Month) (Day) (Year)
- 7	L R	Street: \$5915 Excharge St	□ Town	11/15/20K
eanute M BOSS	Joanette Boss	city: Morarland Zip: 5558	city McFarland	(Month) (Day) (Year)
er ohn E G.	109 1	Street: 5708 Running Deer Tr	□ Town KVillage OA	11 /15/2011
Stephen F. Springman	My The	City: Mc Fay land Zip: 63558	ocity Metarland	(Month) (Day) (Year)
		Street: \$670 LETINGTON ST	Town Styllage Mc FARLAND	16/5/20/1
HARLES MULCAHY	Moderny	City: Mc f BRUANDOW 1 Zip: 33558	City 1 C 111 C	(Month) (Day) (Year)
	Patr. Hallow	2505 (Jest withe	Town I Town	11/15/20/1
as represent	WWW SUMME	MHOVIOURUM 355	City	(Month) (Day) (Year)
		Street: 2828 PLEASANT VIEW	¬ L village · _	11/5/2011
TONI WALSKI	Some Julky	City: COTTABE GROVE 5357	7 City SPRINGS	(Month) (Day) (Year)
FREDERICK BUHR	A 1 1 13 hr	Street: 6112 EXCHANGE ST	Down Wo THALAND	11 /15-/2011
	Oredvist (1000	City: Mc FLACLAND Zip: 5-3558	City 116 FANCADD	(Month) (Day) (Year)
	/ /	Street: 6117 EXCHANGEST	Town Willam FARLAND	(Month) (Day) (Year)
SHIRLEY BUHR	shirley/suhi	City: M- FARLAND Zip: 5358	1 City N TARLAINLD	(Month) (Day) (Year)
	0110	Street: 5710 Wroconsin 57	☐ Town Village	11/15/2011
oberto Sprenson	Trobert D Sorenson	City: Mc Farland WI Zip: 53558	City Mc Lathand	(Month) (Day) (Year)
Topo Aporel	(Y) (D) (D)	Street: 1225 LAKE KELOMSA ROL	Town Village	u/15/20M
TODO HABERL	Vous Con	city: Stoughton WI zip: 53589	City Nulla Do	(Month) (Day) (Year)
.1 // /	Certification of	/	1	•
Nathan Landshie		ify): I reside at 5302 Long St. (Circulator's Residence – Street name and	McFarla	Municipality)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

THE MUNICIPALITY USED FOR MAILIN	IG PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE	MUNICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Adam Domack	/1////	Street: 3280 Lee South ct.	Drown Blooming	11/15/2011
	Jen	city: McFarland zip: 53558		(Month) (Day) (Year)
Carol Petad	Carollestad	Street: 569/ Ambrosia Torr City: McFarland, W; zip: 53557	Town Village City Mc tarland	// /15/20_// (Month) (Day) (Year)
<u> </u>	1	Street: 4902 Berna Road	☐ Town	11/15/2011
MAROUIN Hudson	Mille	City: MCFARLAND Zip: \$359		(Month) (Day) (Year)
	0/0	Street: 5248 Baunderburg wal	□ Town □ Village	(1/15/201C
Troy Barlow	- Jary Darlow-	City: MASKSON Zip: 53719		(Month) (Day) (Year)
TANYA KOHN	Manua Kahn	Street: 2555 West Star Rd	Town Pleasant Oliver Springs	11 /15 /20 11 (Month) (Day) (Year)
MIOLINIA	Garyas Moras	City: Cottage Grove Zip: 5352	·	(Month) (Day) (Year)
Tason Hold Stad	Mary Mary	Street: FXCHGNGe 2t	Town Stillage Willage McT-or land	(Month) (Day) (Year)
	Sterry Phelps-Lane	hour 2346 Cty Rd AB	Town Jun	11/15/2011
herry Phelps-Lampi	hear " "	city: Netarland zip. 5355	City	(Month) (Day) (Year)
		street: 4183 Lookout Trail	₹ Town	11/15/2011
laren Gramann	Karen Greunaux	City: McFarland Zip: 53536		(Month) (Day) (Year)
A		street: 4238 Wanda Place		11/15/20_11
Alison Potter	Cleison Potter	cioMadison zip. 537	10 = 1.50=	(Month) (Day) (Year)
(C P)	1	Street: 5306 N. Hatumn Ln	☐ Town ♥ Village	11/15/204
Jove Peders.		city: McFarland zip.5355	man in the l	(Month) (Day) (Year)
1.11	Certification	of Circulator	.1 - 1	
Vathan Landphier (Name of Circi		tify): I reside at	Mc Farlar (Circulator	Municipality)
lly circulated this recall petition and personally ob	tained each of the signatures on this paper. I know that	the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that fall	the officeholder named in this petition. I know	that each person signed
11 / 15 / 20 //		Section 1 support and recail pertion, 1 am awaic that fair	,	

(Signature of Circulator)

(Month)

(Day)

(Year)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS SIGNATURES OF ELECTORS STEPET & NUMBER OF RURAL ROUTE Rural address most also include loss or fire to. MINICIPALITY OF RESIDENCE (Indicate Town, City, or Village) Party: CK A John Son Att of A Complete John Son Dispersion of City Dunn RAI G H - CV RT IS Complete John Son Wargande John Son Dispersion of City Dunn ARCA RE 1E - John son Wargande John Son Dispersion of City Dunn MINICIPALITY OF RESIDENCE (Indicate Town, City, or Village) Party: CK A John Son Dunn RAI G H - CV RT IS Complete John Son Dispersion of City Dunn RAI G H - CV RT IS Complete John Son Dispersion of City Dunn RAI G H - CV RT IS Complete John Son Dispersion of City Dunn RAI G H - CV RT IS Complete John Son Dispersion of City Dunn RAI G H - CV RT IS Complete John Son Dispersion of City Dunn RAI G H - CV RT IS Complete John Son Dispersion of City Dunn RAI G H - CV RT IS Complete John Son Dispersion of City Dunn RAI G H - CV RT IS Complete John Son Dispersion of City Dunn Rai G H - CV RT IS Complete John Son Dispersion of City Dunn Rai G H - CV RT IS Complete John Son Dispersion of City Dunn Rai G H - CV RT IS Complete John Son Dispersion of City Dunn Rai G H - CV RT IS Complete John Son Dispersion of City Dunn Rai G H - CV RT IS Complete John Son Dispersion of City Dunn Rai G H - CV RT IS Complete John Son Dispersion of City Dunn Rai G H - CV RT IS Dunn Rai G	ELISTED	ICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.		estitution and S.9.10 of the Wisconsin State	
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Tohn Cronn John John John Cronn John Cr	DATE OF SIGNING	MUNICIPALITY OF RESIDENCE DATE OF		SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS
RAIGH CURTIS Com Cont Commerce Po Box 515 Commerce	///5/20// tonth) (Day) (Year)	□ Village	the state of the s	Total a Och	Patrick A Johnson
ARCARETE Johnson Mogande Johnson Com Mc. Farland Com Dinum Color D	/ / 20	m value 11 / 15		a Cat	
Sirvet: 5710 Wis Street Town Profiled City Me Falled City Town City Me Farland Williage Me Falled City Me Farland Williage Me Falled City Me Farland Williage Me Farland City Me	11/6\/20 <u>11</u> Month) (Day) (Year)	□ Village	reet: 2696 Tower RI	i Westanche Ishunsu	
John Cronn Street: 4708 GrandviewCt Town Street 4708 GrandviewCt Town City Mc Farland 1/2 53598 City Mc Farland 1/2 53598 City Mc Farland 1/2 53598 City Dunn Street: 6407 5/eepy 45/low Rd City Mc Farland WI 1/2 53558 City Mc Farland Mc Town City Mc Farland WI 1/2 53558 City Mc Farland Mc Street: 6407 5/eepy 45/low Rd City Mc Farland Mc Town City Mc Farland Mc Town City Mc Farland Mc Street: 621/ Mc Farland Mc Town City Mc Farland Mc Mc City Mc Farland Mc	// /5/20// Month) (Day) (Year)	□ Town		Old M Xiorined	Les Riergand
andra Willoughby South Willough Street 2 TOO Barber Dr 2 Town Village Dunn (Most Street 6407 5/eepy Hollow Rd Willage City: McFarland WI zip: 53558 City McFarland (Most Street: 6407 5/eepy Hollow Rd Willage City: McFarland WI zip: 53558 City McFarland (Most Street: 6407 5/eepy Hollow Rd Willage City: McFarland WI zip: 53558 City McFarland (Most Street: 631/e McFarland zip: 53558 City McFarland (Most Willage City: McFarland Zip: 53558 City McFarland (Most Willage City McFarland Z	Month) (Day) (Year)	□ Village	The word of the		Nr Jan
Tanet Moore and Moore Street: 6607 Sleepy Hollow Rd City McFarland WI zip: 53558 City McFarland (Moore Children City: McFarland WI zip: 53558 City McFarland (Moore Children City: McFarland WI zip: 53558 City McFarland (Moore Children City: McFarland Zip: 53558 City McFarland (Moore Children City: McFarland Zip: 53558 City McFarland (Moore City: McFarland Zip: 53558 City McFarla	// <u>6</u> /20 <u>//</u> Month) (Day) (Year)	Town Note Land 11/6 (Month) (Day)		John Marie M	John Cronn
Tanet Moore anibiliare City: McFarland WI zip: 53558 City McFarland (Mo City: McFarland WI zip:	11 /15 20 <u>//</u> Month) (Day) (Year)	Ulling .	vi Stoughton 21,33589	Sandle Willback	endra Willoughby
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Thavon bound baral banal City: 5250 CFo thous 210:5250 City Mc Fordard (Mo	//5/20// Month) (Day) (Year)	-□ Village /// // // // // // // // // // // // /	McFalland 21,53558	Jone Ret	EROME C PRIBBELOU
	Vionth) (Day) (Year)	Village PACT	1 0 1210	m1 - V	Tharon M. Jorci
Certification of Circulator			Circulator	Certification	1
(Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Muni	nicipality)	,	(Circulator's Residence - Street name and	ator)	
circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that eatith full knowledge of its content on the date indicated opposite his or her name, I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3).					

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Kathryn M Lyons	Kithing M dynas	Street: 6323 Johnson St City: McFarland Zip: 53558	Town Willage McFarland	// /15/20_// (Month) (Day) (Year)
2. Amy D. Miller	Amy O. Milla	street: 4718 Dale 8+ #7 City: McFarland zip53558	Town Metarlind City	N /5/2011 (Month) (Day) (Year)
Cary Schneider	- my Shueilly	Street: 5508 Carfinal City/Mta-1 and zip: 53556	Town Willage M. Farland	// /15/20// (Month) (Day) (Year)
Lila k. Woldnip	She h Wee	street: 525 8th St H3 City: Stoughton zip: 53589	Town Village Staughfau	// /57/20_ <u>1)</u> (Month) (Day) (Year)
5. Toni Hutter	Jone Hutter	street: 5867 Holscher Rd City: Mr. Fail and Wi Zip: 53588	Town McTaeland	11 / 15/20 11 (Month) (Day) (Year)
TREVOR CALKINS	400	Street: 716 HEARTSUND BR City: Stonghton WI zip:53589	Town Village Stoyhou	(Month) (Day) (Year)
Peter Saulves	let han	Street: 5006 FARWELLST AAZ City: MCFARIAND Zip: 53556	Town Village City FACIAND	1/ /15/2011 (Month) (Day) (Year)
s. Judy Chrimh	The link	Street: 6104 Spry PondCt City: MVFWlml zip: 63568	Town Ority McKwhy	(Month) (Day) (Year)
mary Pronsoli	ske Provedish	Street: 1917 Tarrigon Dr.	Town yillage Madison	M/15/2011 (Month) (Day) (Year)
"Mary Handrow	Mary Hondrow	street 5304 Marsh Woods Dr 550 City: Ma Farland 210:63558	Town McFarland	///5/20// (Month) (Day) (Year)
11 11 1 1 1 1 1	Certification		.1 -	
Nathan Landshier Name of Circu ponally circulated this recall petition and personally obtainer with full knowledge of its content on the date indi	clator) tained each of the signatures on this paper. I know that	ify): I reside at	he officeholder named in this petition. I know the	nat each person signed

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Kassardra J Wickert	Horckert	street: 3363 mansion Cir.	Xtown Blooming Otillage Grove	(Month) (Day) (Year)
2. Daniel J. Stephany	Doniel a. Stophany	Street: 6208 Hawk Crossing City: Mc Farland WI Zip: 53558	Town Stillage McFax land	1) /15/2011 (Month) (Day) (Year)
Erickion Gebil	Many Dela	Street: 43 16 Reme Ct City: McFawland Wip. 5358	Town Farland	// /20 / (Year)
Huen Nguyen	left	Street: 5803 linden Prwy City: McFayland Zip: 53558	Town Willage Mr. Forscand	// /15/20_// (Month) (Day) (Year)
5. Elizabeth Hubiey	Egn Huly	Street: 2141 Mair Freld Rd #U City: Madison Zip: 53719	Town Village Vad Son	//5/20_1_1 (Month) (Day) (Year)
5. ANDRÉ TERAN	Chloch	Street 2/4/ MUIX FZELD RD TO City: MADZSON, WI Zip: 537/9	Town Village MADZSON	Month) (Day) (Year)
ROBERT TRACH	It w tail	Street: 5529 Milwanker St CHy: McFARLAND JU Zip: 53558	Town Village City McFARLAN	///5/2011 (Month) (Day) (Year)
GAIL Bagley	Coebagley	Street: 5529 Milwanke St City: Mcfarland WI zip: 53558	Down De Village Mc Farland	///5/20// (Month) (Day) (Year)
Row Blank	Gasflus	Street 2662 Scott Lane City: Mcfarland WE Zip: 53578	□ Town □ Village □ City □ DUNN	11 /15/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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Nathun Land Her (Name of Circus) on ally circulated this recall petition and personally observable for the content on the data indi	ulator) stained each of the signatures on this paper. I know that t	ify): I reside at	officeholder named in this petition. I know the	Aunicipality) nat each person signed

(Day)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

	onstitution and S.9.10 of the Wisconsin St			
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11 / 15 /20/1	_ ynary c.	(Signature of Circulator)	Page No. ((Official Use Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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sonally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed	, J	o , (certif	y): I reside at 2332 E. Washington (Circulator's Residence – Street name and	Number) (Circulator M	Iunicipality)	

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Courie Salzman	fauritet	Street: 3244 Camy Circle City: Surfraine 2 Zip: 53590	From Village Burke	(Month) (Day) (Year)	Ema
LIESEI OISON	Prusel allen	Street: 3149 STVatton Way #207 City: Wall8UM W zip: 53719	Town Village MOAISUM	(\) / (\(\varphi\)/20\(\boxed{\boxes}\) (Month) (Day) (Year)	Ema
3. Connie Ellingson	Comi h Ellingen	Street: 5904 Woodland Dr City: Wannakee Zip: 53597	Drown City Waunaker		Ema
Nancy Miller	Sough Willer	Street: 812 McClellan Dr City: Mady son zip: 53716	Town Village Medison		Pho
s. Kara Hanko	Karakase Hanco	street: 5631 Lake Hendota DY. City: Hadison zip: 53705	Town Village Hadi Son	11/142011 (Month) (Day) (Year)	Pno
GERALD J. MILLER	Hend mille	Street: 8/2 MCCLELLAM DR City: MAD/504, Zip.537/8	Town Uplage Wity MADISON	//////////////////////////////////////	Pho
TOISD Movies	add niver	Street: 207 Windsor Court City: Mad1802 W1 Zip: 537)4	Town Village PCity PD/8000	// /// 20// (Month) (Day) (Year)	Ema
8. William Manberry	W. Markey	Street: 1153 Petra Pl City: Madison WI zip: 53713	□ Town □ Village □ City MASISON	11 /16/20 <u>11</u> (Month) (Day) (Year)	Pho
). Azistoplez J. Jazze	and toler	Street: 3865 VINRARN RD City: DEFOREST ZIP: 53532	□ Town No Village □ City □ City		Em
SEAN STANDISH	Som Stadish	Street: 920 SPMGHT ST # 1 City: MASISON zip: 53703	□ Town □ Village □ City	1\ /\6/20\\(\) (Month) (Day) (Year)	Ema
Michael Piony (Name of Circula	ator)	of Circulator fy): I reside at(Circulator's Residence - Street name and	d Number) (Circulator M		(
nally circulated this recall petition and personally obtainer with full knowledge of its content on the date indicate.	ated opposite his or her name. I know their respective r	he signers are electors of the jurisdiction or district represented by the residences given: support this recall petition. I am aware that falsifying	officeholder named in this petition. I know the set this certification is punishable under S.12.	at each person signed 3(3)(a), Wis. Stats.	

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING	7
Rural address must also include box or fire no. (Indicate Town, City, or Village)	
1. Andrey Files (worth) Street: 315 1 Ridgavay ave# 112 Town Village City: Madison Worth) (Day) (Year)	Email Phone
Mary Ann Allex; Mary ann allexi Street: 1113 Hay wood Dr Town Village Willage World (Mouth) (Day) (Year)	Email Phone
3. Jason Logittler Street: 30/2 Union St. Town Village Nadison 11/15/201/ City: Madison zip: 537/4 Scity Madison (Month) (Day) (Year)	Email Phone
Jasen Cain Waster &13 Vera Ct Town Village Madison (Month) (Day) (Year)	Phone
Street: 13 Jackson St. Town Village Madison St. City: Madison Zip: 53704 Madison North (Month) (Day) (Year)	Phone
6. JOHN D. COOVER John E. Loover Street: 34 BANDOLPHON, 227 Town Village Willage Williage (Month) (Day) (Year)	Email Phone
Ann Bell Casell Street: 1137 Erin St. # 107 Town Village Madison U1/15/2011 (Month) (Day) (Year)	Phone
8. John Meterson John Missian Stroft 26 Acewood BLVd Town Village Willage Madison 11/15/20/11 Stroft 26 Acewood BLVd Town Village Willage Madison (Month) (Day) (Year)	Phone
Street: 21 N. Frank I'm St. # Town 1 / 15/2011 City: Mad 150n Zip: 53703 City Mad 150n (Month) (Day) (Year)	Phone
10. Michalle M. Erschen Muhll M. Erschen City: Bulleville Zip: 53508 City Belleville (Month) (Day) (Year)	Email Phone
Certification of Circulator John Marszal (certify): I reside at 1308 E. Day ton St. Madisan WI	

(Circulator's Residence - Street name and Number) (Name of Circulator) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his order name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Year) (Month) (Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

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To the Wisconsin Government Accountability Board: We the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
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Keenan Newalls	Kum	city: Madison, WI zip: 53704 Street: 3615 Dorbo Dr Hu City: Madison WI zip: 55114	Town Village W Adv Ston	(Month) (Day) (Year)
John Massail	Mamon	Street: 1308 E Dayton St City: Madison W1 zip: 57703	□ Town □ Village □ City M Qd 550 ~	(Month) (Day) (Year)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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